3

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH - VITAL REGISTRATION OFFICE
PHYSICIAN'S / MEDICAL EXAMINER'S CERTIFICATE OF DEATH
350 CAPITOL STREET, ROOM 165, CHARLESTON, WV 25301

FILED W
018985
STATE FILE NUMBER
2018

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last): James Joseph Bulger Jr.
2. SEX: Male
3. SOCIAL SECURITY NUMBER:
4a. AGE (Last Birthday) (Years): 89
4b. IF UNDER 1 YEAR: Months / Days
4c. IF UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (MM/DD/YYYY): 09/03/1929
6. BIRTHPLACE (City and State or Foreign Country): Boston, MA
7a. RESIDENCE (STATE): MA
7b. COUNTY: Suffolk
7c. CITY OR TOWN: Boston
7d. STREET AND NUMBER: 17 Twomey Court
7e. APT. NO.:
7f. ZIP CODE: 02127
7g. INSIDE CITY LIMITS? ☐ Yes ☒ No
7h. 2nd LEGAL RESIDENCE - PROBATE USE ONLY - OPT.: STREET & NUMBER / APT. NO. / CITY OR TOWN / COUNTY / STATE / ZIP
8. EVER IN US ARMED FORCES? ☒ Yes ☐ No
9. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☒ Never Married ☐ Unknown
10. SURVIVING SPOUSE'S NAME (Give name prior to first marriage.)
11. FATHER'S / PARENT 1'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): James Joseph Bulger Sr.
12. MOTHER'S / PARENT 2'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Jane V. McCarty
13a. INFORMANT'S NAME
13b. RELATIONSHIP TO DECEDENT
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) [redacted]
14. PLACE OF DEATH (Check only one: see Instructions)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☒ Other (Specify): Prison
15. FACILITY NAME (If not institution, give street & number): U.S. Penitentiary - Hazelton
16. CITY OR TOWN, STATE, AND ZIP CODE: Bruceton Mills, WV 26525
17. COUNTY OF DEATH: Preston
18. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Donation ☒ Removal from State ☐ Other (Specify):
19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place - location in Box 20.): Saint Josephs Cemetery
20. DISPOSITION LOCATION (City, State): Boston, MA
21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: Charleston Mortuary Service, 1101 Bigley Avenue, Charleston, WV 25302
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Dale R. Burger
23. LICENSE NUMBER (Of Licensee):

ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH
24. DATE PRONOUNCED DEAD (MM/DD/YYYY): 10/30/2018
25. TIME PRONOUNCED DEAD: 0904
26. SIGNATURE AND TITLE OF PERSON PRONOUNCING DEATH (Only when pronouncer IS NOT also the certifier.)
27. DATE SIGNED (MM/DD/YYYY)

28. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY): found 10/30/2018
29. ACTUAL OR PRESUMED TIME OF DEATH: found 0821
30. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ No ☒ Yes — IF YES, MEDICAL EXAMINER CASE # 18-6303

DATE/TIME OF DEATH MUST BE COMPLETED

CAUSE OF DEATH

31. PART I. Enter the chain of events – diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Blunt Force Injuries of the Head — Approximate Interval Between Onset and Death: minutes

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. — Due to (or as a consequence of):
c. — Due to (or as a consequence of):
d.

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause in PART I.

32a. WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No
32b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☒ Yes ☐ No

33. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown

34. IF FEMALE: N/A
☐ Not pregnant within past year
☐ Pregnant at time of death
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Unknown if pregnant within the last year

35a. CAUSE/MANNER PENDING? ☐ Pending Investigation ☐ Date Amended — See 35b. for Final Manner of Death

35b. FINAL MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☒ Homicide ☐ Could not be determined

36a. DATE OF INJURY (MM/DD/YYYY): found 10/30/18
36b. TIME OF INJURY: found 0821
36c. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, office building, wooded area): Prison Cell - U.S.P. Hazelton
36d. INJURY AT WORK? ☐ Yes ☒ No
36e. LOCATION OF INJURY: Street & Number: 1640 Skyline Drive; Apt No.: ; City or Town: Bruceton Mills; State or Country: WV; Zip Code: 26525
36f. DESCRIBE HOW INJURY OCCURRED: Assaulted by other(s)
36g. IF TRANSPORTATION INJURY: ROLE: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) ____ SEATBELT RESTRAINT STATUS: ☐ Restrained ☐ No restraint ☐ Unknown HELMET STATUS: ☐ Helmet ☐ No helmet ☐ Unknown

37a. CERTIFIER (Check only one):
☐ Certifying Physician or Qualified APRN -To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Pronouncing & Certifying Physician or Qualified APRN -To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☒ Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
Signature of Certifier: [signature] MD — Date Certified: 10/31/18
37b. PRINT NAME, ADDRESS, AND ZIP CODE OF PERSON CERTIFYING TO CAUSE OF DEATH (Item 31.): Allen Mock, CME, OCME Main, Charleston, WV
37c. TITLE OF CERTIFIER: MD

38. FOR OFFICIAL REGISTRAR USE ONLY- SIGNATURE OF REGISTRAR: Gary L. Thompson
39. FOR OFFICIAL REGISTRAR USE ONLY- DATE FILED: 11/14/2018

FUNERAL DIRECTOR
LICENSED HEALTH PROFESSIONAL OR CORONER
PHYSICIAN, QUALIFIED APRN, OR NON-PHYSICIAN CORONER
MEDICAL EXAMINER OR CORONER ONLY
PHYSICIAN, QUALIFIED APRN, OR CORONER ONLY
OFFICE USE ONLY
TYPE/PRINT IN PERMANENT BLACK INK
STATE/COUNTY ORIGINAL
FORM VS-002 (Rev. 9/2017)

BULGER, James J.
NAME OF DECEDENT